

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09960650</i>	FILING DATE <i>09-20-01</i>		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
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TOTAL IND.							<i>15</i>		
TOTAL DEP.							<i>38</i>		
TOTAL CLAIMS							<i>53</i>		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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